



### Article for TAA Newsletter

It was late afternoon in November 1941 as I stood on the Thames Embankment close to Waterloo Bridge, the end of a typical grey murky winters' day in London with wraiths of mist spiraling on the surface of the river rather akin to a Turner painting. All enhanced by the wartime blackout and the smoke from steam locomotives across the river on their way to and from Waterloo Station. There were only a few people about and I was passing the time before my train departed as I reflected on the events that had just happened to me.

I sensed instinctively that a new and unknown phase of my short life had begun. Immature, virtually innocent, often very confused, just seventeen years old but perhaps different little from others of my generation, awaiting eventual call-up for military service. But unexpectedly, a few hours earlier, I had been accepted as a medical student at a London Hospital. Realistically I did not have a sense of vocation for medicine and only a vague concept of the six long years of study ahead.

Until the age of nine I had attended day schools in Newcastle, Aldershot, London and Salisbury. In 1933, when I was nine years old, I was enrolled as a boarder at a Christian Brothers' school at Southampton - St. Mary's College. I remained at this school until 1940. My father was a serving soldier until 1932- hence the variety of schools at different locations.

I had a childhood ambition to be a pilot. Vividly I remember the airship Graf Zeppelin flying over Newcastle in 1930 and later a mid-air collision between two R.A.F aircraft over Aldershot in 1931. Eastleigh Airport was located a short distance from the school. The Dragon Aircraft of Jersey Airways flew over the school as did research aircraft such as the Cunliffe - Owen Flying Wing and the Mayo Composite Flying Boat (a smaller flying boat launched from a larger one in actual flight and carrying excessive fuel and hence increased range). Even the Hindenburg dirigible flew overhead on one occasion. But it was the test flights of the Supermarine Spitfire that attracted most of my interest.

In 1937, on one of the awful school Sunday walks for boarders, we passed the Supermarine Factory. The master who was escorting us was inspired to ask a slightly built man, who was opening a side-gate, if we could look at the aeroplanes inside the factory. Without hesitation he led us into a hanger and let us clamber over, sit in and touch Spitfire No. 1455- the original and very first of the line – and answered our childish questions with charm and courtesy. Our host was Jeffrey Quill, the Vickers Supermarine test pilot.

The onset of the Second World War caused many changes to the usual routine. A barrage balloon was installed in the centre of the playing fields and restricted sporting activities. In December 1939 a Walrus flying boat flew directly over the school in low cloud, snapped the balloon cable, lost a portion of a wing and crashed into an empty house outside the playing fields. The crew was killed.

After Dunkirk, air raids caused upheaval. However, in July 1940 I took and passed the Oxford School Certificate with enough credits to secure the London Matriculation. Thus I had an entrée card to a wide variety of University courses but the war had reduced their actual availability. Unfortunately, myopia would effectively disqualify me for aircrew duties in the R.A.F. In those days and for many years afterwards the visual standards for acceptance for military and civil pilots were very severe and spectacles were not permitted.

I left school and returned to the small Wiltshire village, Mere, which was my hometown. I did enlist in the Home Guard in 1940 at sixteen claiming to be eighteen.

My father suggested I attend a medical school and I made a formal application to study medicine at St. Mary's Hospital Medical School in London. On a gloomy November day in 1941, I had an interview with the Dean of the Medical School – Sir Charles Wilson (later he became Lord Moran and Winston Churchill's doctor) - and the Secretary Mr. Matthews and was welcomed to the Medical School to start in January 1942. Studying medicine was a reserved occupation not subject to call-up in the Services before qualification unless there was failure to pass the requisite pre-clinical examinations.

I would do firewatching once or twice weekly; the remuneration was generous, about thirteen shillings a night. At the time firewatching was compulsory for everyone employed in shops, offices and factories to combat the effects of incendiary bombs dropped during air raids. Most of my fire watching was at the premises of a music publisher in Upper Regent Street, Boosey and Hawkes, close to the BBC in Upper Regent St. The employment had one great asset other than financial recompense - it had a soundproof recording studio where I could study, without the inconvenience of outside noise and distraction.

Our Professors and teachers were excellent and very understanding. Bacteriology and subjects akin was the province of Professor Alexander Fleming who, as the discoverer of penicillin, was at this time enjoying fame and adulation. We were honoured, too, by the occasional presence of Sir Almoth Wright, forever associated with the introduction of vaccines and, in particular, the typhoid vaccine.

I applied for a Kitchener Scholarship. These were awarded to the sons of Servicemen and consisted of monies being paid three monthly for university education. The total funds paid had to be reimbursed from gratuities received following termination of a short service commission in the Armed Services. In my case I applied to the R.A.F and was awarded the scholarship, the monies to be paid back after five years' service in the Medical Branch on graduation.

As the end of the war in Europe approached in 1945 a new episode of my life came from a totally unexpected quarter. Volunteers were called for a group of one hundred senior London medical students, in their final year in hospital, to assist in famine relief when Holland was eventually liberated. I volunteered and I was accepted with eleven others from St. Mary's. But unforeseen circumstances intervened.

The British 2<sup>nd</sup>. Army, after crossing the Rhine, had liberated Bergen-Belsen Concentration Camp in mid-April. They did not have sufficient medical facilities to deal with the horrendous problems as the war and fighting in Germany was continuing. The availability of one hundred senior medical students, on call to administer medical aid in Holland, was noted and a decision was made to transfer the group to the Concentration Camp instead. We were all dispatched by train in mid-April 1945 to R.A.F Station Down Ampney in Gloucestershire and then flown in Dakotas to Celle which was close to Bergen-Belsen and near Hamburg. We were transported by truck to and accommodated in a captured Panzer Training Camp on Lunerberg Heath a few

miles north of Bergen-Belsen. The Panzer buildings were brick and contained all modern conveniences.

At dawn on the following day, we were trucked to the Belsen. Little had been done to treat and feed the thousands of mobile ill inmates and nothing at all to those incarcerated and unable to move inside the huts. The 2<sup>nd</sup>.Army was fully occupied fighting onwards towards Hamburg. A unit of an anti-tank regiment had been left behind to exert some form of control, but medical care and back-up was almost non-existent. The soldiers of the unit, mainly from Lancashire and Glasgow, had been trying to remove and bury the thousands of corpses lying on the ground in the camp and help those survivors who were walking

It had been decided that we medical students would be responsible for the care of those unfortunates inside the huts as they had had no care or help since the camp had been captured unless they had been able to move in and out their hut. Two students were allocated to each hut. The odours of faeces, urine, vomit, death, and decay were overwhelming. People were living and dying in tiers of bunks that rose to the roof of the hut. The actual number of occupants inside the hut was difficult to determine; it was possibly in the region of three hundred who came from Poland, Russia, France, and other parts of Europe.

We decided the first daily action should be to remove the dead from the hut and place them outside where they would be collected each day by camp guard prisoners of war for burial in mass graves. Many of the inmates had come from Aushwitch-Birkenhau Concentration Camp in Eastern Poland and were starving, easy prey to disease. Each hut was cleared when the surviving occupants, wrapped in blankets were transferred to a military camp which included ex SS hospital facilities. The hut was then burnt down.

We medical students continued to help and treat those survivors in their new location at the ex-panzer hospital. In late June it was decided that we medical students had fulfilled our intended role. Belsen Concentration Camp was no more. We were flown back in Dakotas to England and then back to study and hospital routine at Harefield Hospital for a few weeks which I found most enjoyable after my experiences in Belsen.

At the end of November 1947, I found out my long undergraduate studentship dating from January 1942 (nearly six years) had ended. I qualified in Medicine after five and a half long years of study and financial stress.

I then had to find employment as a junior resident doctor. The Medical Superintendent at the Hospital of St. Cross in the Midlands at Rugby offered me the position of Casualty and Orthopaedic House Surgeon. I arrived in Rugby in late November 1947. The responsibility and valuable experience I gained at this hospital was of great subsequent value to my future life giving me great confidence. But by April 1948 it was the time for me to leave to join the R.A.F.

I was posted to R.A.F. Station Moreton-in-Marsh, as a Flying Officer for initial induction and familiarization. Much to my surprise I was then posted to the Central Medical Establishment in Central London where aircrew medical examinations for R.A.F. officers, aircrew and civilian airline pilots were held. Next I was to be posted to R.A.F Cardington near Bedford and the former airship station.

After a time, I read in Orders that volunteers were required for a Medical Parachute Team which was intended to parachute to isolated aircraft accident sites at home and overseas. I was informed I was to be the Medical Officer of the team which would consist of four nurses and four airmen. We were to be trained at the Parachute and Glider Training School at R.A.F. Upper Heyford near Oxford. The Medical Team assembled in September 1948 and went through the standard training for members of the Parachute Regiment.

On leaving Heyford, I was interviewed by the medical hierarchy and asked for a posting back as Medical Officer. Early in 1950 I was promoted to acting Squadron Leader. In September 1950 I was selected as Medical Officer in charge of a medical team to fly to Singapore to evacuate sick and casualties back home. The aircraft was a Hastings. Like all military aircraft it was noisy there being no sound protection inside the cabin. We flew via Malta, Habbanyia (Baghdad), Mauripur (Karachi), Negombo (Ceylon) to Changi, stopping overnight at each place.

I was fortunate to take part in the first parachute drops from the four-engined Hastings. Until the inner engines were eventually reduced in power during the drops exit from the starboard door could be quite interesting as one would be swept under the tail with near collision and entanglement with those exiting from the port side.

In December 1950, R.A.F. Transport Command decided to have a trial of flying passengers direct to Singapore without overnighting them and the aircraft at the stations en-route. The aircrews would remain at each stop and crew the aircraft for a return sector. The aircraft selected was the Hastings and I was asked to travel to advise if it was medically feasonable. The thinking was that if the trial was successful the practice would become routine with the difference that crews would not fly the same aircraft but would take over the following one. For the purposes of this trial, however, aircrews on the outbound journey would crew and return on the same aircraft.

The route was via Castel Benito (Tripoli), El Adem, Habbanyia, Maripur, Negombo and thence to Changi. Things did not go quite according to plan as the aircraft (TG574) had mechanical problems in Ceylon resulting in 24 hour delay. At Habbanyia in Iraq there was an engine problem (in number 2) just after take - off, fuel had to be jettisoned and we returned to the airport with a consequent 24 hour delay. The following day we flew direct to El Adem and refueled and became airborne again at night bound for Castel Benito and home. However, whilst nearing Benghazi, a blade of number 2 engine propeller broke off and cut through the front of the aircraft. The engine, because of the unequal propeller loads, broke off the aircraft and fell into the Libyan Desert.

Unfortunately, the errant blade severed the arm of one of the pilots and, at the same time cut the lines to the elevator and rudder controls. These meant that the aircraft could not be controlled laterally or gain or lose altitude with the help of these primary controls. The remaining aileron controls were intact which gave some turning ability but climb and descent were only possible by throttle control i.e., altering the engine thrust. At the same time the aircraft became inherently unstable and entered a slow, but uncontrollable, descent. With remarkable skill and airmanship, the pilot, achieved reasonable but marginal control.

Eventually the decision to land at Benina (an R.A. F. Staging Post airfield close to Benghazi) was made. But at first, the pilot, had to learn to fly and control the disabled aircraft before attempting a landing, basically without flight controls and with undercarriage up. And at night! This took over one hour. By altering the throttle settings and with careful aileron control he was able to descend and to line up on the runway.

Unfortunately, he lost sight of the runway in the last few seconds before landing and a go-around was impossible. The aircraft touched down short of the airfield, cartwheeled and slid upside down along the ground. The front took the main impact forces and all the flight crew, except the Flight Engineer, was killed. Fortunately, the wings which contained the fuel tanks were torn off, so fire did not occur. All passengers survived without injury due to the heavy impact forces being resisted by the rear – facing seats (in simple terms the forward movement of the body on impact with the ground was taken up by the back of the seat).

Unfortunately, I was not in such a seat and was trapped in the cockpit for a time and eventually released and transferred to the Military Hospital in Benghazi. I was indeed very fortunate to suffer only a fracture of the spine which put an end to my parachuting days.

I got married in April 1951 then two weeks later I left from Lyneham again this time bound for Japan and Korea on Casualty Air Evacuation Duties. There was, in reality, little need for three R.A.F Medical Officers to be at Iwakuni and I advised the Medical Authorities at Air Ministry accordingly. Shortly afterwards I was posted to Singapore. For a while I was attached to the R.A.F Hospital at Changi as Medical Officer – in - Charge of the Pathology Laboratory. I then had a short stay at R.A.F Seletar before becoming Senior Medical Officer at R.A.F Tengah. At the time Tengah was the main operational base in Malaya during the Emergency as it was called. It had 60 Squadron with Vampire 5 jets, 45 and 33 Squadrons with Hornets, 84 Squadron with Brigands, No.1 R.A.A.F squadron with Lincolns and the Malaysian Auxiliary Airforce with Spitfires.

I was fortunate to take part in bombing missions, especially in the R.A.A.F Lincolns, where there was always a seat available in the rear gun turret. This type of operational flying was very interesting as bomb loads were dropped from altitudes often as low as 500 feet so tremors could be felt inside the aircraft. In October 1953 my overseas tour expired and we embarked on the Empire Orwell troopship for England via Colombo, Aden, Port Said and Malta.

I was then posted to R.A.F Chivenor in North Devon which was at the time an Operational Conversion Unit where newly trained pilots were converted onto the type of jet aircraft they would fly on squadrons. Vampire 5 aircraft were used for this purpose. Those who showed the aptitude moved onto fighter squadrons, the remainder to bomber squadrons.

In June 1954, we were on the move once more, I was posted to Brampton near Huntingdon to Headquarters Technical Training Command (TTC). The position I held was responsibility for Hygiene and Public Health in the Command which consisted of about twenty stations and three Groups with about a total of 50000 personnel. As the R.A.F Stations were scattered throughout the UK I had a busy schedule visiting them by air in Anson aircraft which were based at Wyton a Bomber base nearby. There I was able to get a few flights in Canberra aircraft.

In 1955, my application for study leave was successful. As a result, I was due to start at the London School of Hygiene and Tropical Medicine in London in October. In July 1956 I passed both the D.P.H. and DI.H. of London University.

My next R.A.F posting in August 1956 was fortuitous – to the Medical Branch of Air Ministry in Whitehall. In fact my office directly overlooked the Cenotaph and 10 Downing Street. The duties involved dealing with medical standards, enquiries from the public and Members of Parliament relating to problems concerning the health and care of airmen and their dependents - in fact everything except public and industrial health.

During my stay at Air Ministry I was able to visit many R.A.F Stations throughout the U.K, usually in an Avro Anson of vintage fame but also very reliable. I also had a major task in reediting, rewriting, and publishing the AP1269 which was the handbook for Medical Officers guidance in administration and allied subjects.

In April 1961 my tenure at Air Ministry came to an end after four years and I obtained a posting to West Germany as Senior Medical Officer at R.A.F Station Wildenrath. We were responsible for the health of the many families who resided on the station. R.A.F Hospital Wegberg was a few miles away which was a great bonus and their medical evacuations came through Wildenrath.

During my tour of duty I was detached to a very secret unit near Munchen Gladbach. An escape and evasion exercise was due to take place in the middle of a German winter, in which aircrew were to be turned loose, on foot, in a forest. They were given an objective to reach specified safe locations within every 24 hours over three days and nights. The idea for realism was that they had been shot down over enemy territory (Russian!) and were attempting to avoid capture. This would be very difficult in practice as there were about a thousand soldiers also in the forest who represented enemy forces. None of these in fact spoke English! It should be noted that many of these R.A.F and USAF aircrew had duties which included the use of nuclear weapons and possessed highly secret potential target information.

A difficulty for those airmen who did not manage to evade was that they would not be permitted to sleep and have food for 24 hours after capture. If they survived that time without disclosing any secret data they were congratulated. I believe only about 50% were successful. As a result of my report and those of others, this type of exercise was never repeated. I thought it was stupid and very dangerous to subject highly trained aircrew to unnecessary ordeal to provide training experience for interrogators.

As my time at Wildenrath would end in October 1963, there was an inevitability my future postings would be administrative with absolutely no guarantee of senior rank and a certainty my time in the R.A.F would end when I reached the age of 55-56 years. We then made a decision to emigrate to Australia and to Perth and date of departure was fixed at April 1964. My R.A.F service would be completed in March of that year. I had been in the R.A.F for approaching sixteen years. Until then, I was posted to R.A.F Hospital Wroughton for Obstetric and Gynecology duties.

I was not really sad at leaving the R.A.F in March 1964. The Service had been good to me but I had stayed too long and a peace time regime was not to my liking. After a few months I obtained a locum position in Fremantle. I then obtained an appointment as Medical Officer of Health to Perth City Council mainly because of my public health and occupational health qualifications.

Whilst I meditated on my future course, I was offered the position of Aviation Medicine Human Factors in the Australian Department of Civil Aviation. The job involved accident investigation, public and industrial health on facilities throughout Australia and was based in Melbourne. I accepted the position and on New Year's Day 1964 we set out for Melbourne some 1200 miles away.

Initially and afterwards, frequently I visited all the DCA facilities and Airports throughout Australia which involved much travel but gave me a lot of pleasure. Not only was I concerned with the hygiene of the airline flight kitchens and airports but also with accident investigation especially when fatal accidents occurred. By far and away the accidents involved small general aviation aircraft.

I was also fortunate in taking part in Gemini X1 NASA space project at Carnarvon in 1969. At the time the main NASA control centre in Houston Texas could not maintain radio monitoring and vocal contact with the spacecraft as it passed over Australia so a post was established there. My duties included monitoring the vital signs of the astronauts (Conrad and Gordon), such as pulse and respiratory rates and ECG's as relayed to the ground.

Over the next ten years, I visited many fatal aircraft accident sites over many parts of Australia and attended numerous post mortem examinations of the victims as this was the requirement for all fatal accidents.

My great interest was agricultural aviation – which was a very dangerous occupation whose pilots, the “crop dusters” had a fatality rate, at the time, higher than that of underground Welsh coal miners. Their flying duties included spreading superphosphate onto crops from 500 feet and to spraying chemicals from a few feet above the ground. This was hazardous and experience was no guarantee of survival. Flying into telephone or power lines was lethal at these heights and the commonest cause of death so all pilots took great care in ascertaining their location before flight. But even the most careful pilot could be killed.

I was able to have many flights including flying solo several times in ag aircraft when I obtained a private pilot license. In 1969 DCA approved my obtaining flying training for a Private Pilot License. This was done at Civil Flying School at Lilydale Airport and training was in a Beech Musketeer a simple, but sound and safe aeroplane. After 55 hours of flying, I obtained an unrestricted private pilot license. By 1970 I was piloting a much more powerful and sophisticated aircraft, the Beech 36 or Bonanza and I achieved 592 hours flying hours as a private pilot before I left DCA in 1977.

In 1977 however I was approaching 53 years of age and more significantly DCA was likely to move to Canberra. A permanent move to another part of the country could be difficult for the family and thus I moved to TAA in August 1977.

It was a great change for me to be in a commercial working environment. Fortunately for me was the presence of Sister Mary Purcell who had been with TAA for many years. A remarkable nurse of the old vintage reminding me of the Sisters of my student days. She was not afraid to speak her mind; she was a good, kind, and honest person and a devoted Catholic. There were also first-class sisters at clinics at Tullamarine Terminal, the Maintenance Base and at Essendon Airport. Part of my duties was to attend these clinics at least every week. At the same time, I was required to visit the entire airline facilities and operations everywhere in Australia at regular intervals including monthly clinics at Sydney and Brisbane. Once more this led to a great deal of contact with flight crew and my past R.A.F experiences were of great help.

I suppose my function was to be restricted to mainly occupational health but gradually I converted into a kind of GP practice as this was an excellent path of getting to know staff. Thus, I soon had many contacts and patients and interestingly many at Head Office, including the General Managers.

It was hard work but I enjoyed the mixture of industrial health and general practice. The staff of the airline was excellent including those in the workshops, as well as the Flight Crew and Flight Attendants. In many of the smaller bases there was very little need for action by me but I did visit them. Thus, in the long run, I believe I achieved a good working relationship with a large number of employees.

Alas, time flew, and I approached the compulsory retirement age of 65 years in 1989. The airline was changing. It had been renamed Australian Airlines and was gradually being separated from Government owned and controlled to merge with Qantas and become privatised.

Shortly after my compulsory age retirement from Australia Airlines, I was offered a part-time position with Ansett Airlines by their Director of Medical Services. The duties consisted of standing - in for him when he was absent and also carrying out an inoculation programme throughout the Ansett network. Thus, I was able to continue travelling throughout Australia and, of course, met many of my old colleagues from TAA and DCA. Basically, I worked two days per week at very reasonable hours. I was with Ansett from 1989 until 1998 when a fulltime deputy was appointed. Another ten years had passed since my official age retirement!!

In 1999 I started working as a locum in general practice in local areas and in 2006 I decided to retire. So, after entering medical school in 1942 my involvement in medicine was finished. I had had a wonderful, interesting, and most fortunate career. I had been to many countries, met a wide variety of people and made many friends. Good fortune and luck had been with me throughout. Perhaps innocence or turning a blind eye helped.



1950 Hastings accident Benghazi, Libia